2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000870 MINISTERIO A1 RESCATE Y RESTAURACION DE VIDAS 06 HAY 17 PM 1: 37 INC. SECKETARY OF STATE TALL AHASSEF, FLORIDA Principal Place of Business Mailing Address 3694 UNION HILL RD 3694 UNION HILL RD BONIFAY, FL 32425 BONIFAY, FL 32425 2. Principal Place of Business 3. Mailing Address 527A M.L.K. Ir Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Panama Porla 3645-67**8**83 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32407 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUADALUPE, CANDIDO** 3694 UNION HILL RD Street Address (P.O. Box Number is Not Acceptable) BONIFAY, FL 32425 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition GUADALUPE, CANDIDO REV NAME NAME STREET ADDRESS 3694 UNION HILL RD STREET ADDRESS CITY-ST-ZIP BONIFAY, FL 32425 CITY-ST-ZIP ☐ Change Addition TITLE Delete TILE GUADALUPE, LUZDIDO C REV NAME NAME 260074770432 05/17/06-01032-011 **14 STREET ADDRESS 3694 UNION HILL RD STREET ADDRESS **148.75 CITY-ST-ZIP BONIFAY, FL 32425 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BURGOS, JUANITA REV NAME NAME 7415 HONEY FLAVOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28214 CITY-ST-ZIP TIFLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ddress, with all other like empowered. 5/17/06 SIGNATURE! SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR